

Fairfax County Park Authority
Registration Form - Rec-PAC 2005



Who is Eligible: Children who have completed kindergarten through those entering 7th grade and who are residents of Fairfax County, Fairfax City and Falls Church. Children with disabilities may attend any location or select one of the inclusion sites, supported with trained inclusion staff. For accommodations, check the appropriate box on the Section 2 of the registration form and call (703) 324-8563 at least 10 working days in advance of your Rec-PAC start date.

HOW TO REGISTER:

1. Read carefully the statements in **Section 1**. Your signature is required on Section 3 giving your permission and acknowledgment of policies and procedures.
2. Turn the page and complete and sign Section 2 by printing information in the spaces provided. *A separate registration form must be completed for each child.*
3. Read Section 3 and follow the directions for determining and identifying the registration fees. ***Note Early Discount**
4. Early Registration: **May 3-June 17, 2005** Mail (with payment and registration form): FCPA/Rec-PAC P.O. Box 4606, Fairfax, Virginia 22038. **Mail registration must be postmarked by June 17 to receive early registration discount.** Fax: 703-631-2004 (When registering by fax, you must include credit card information.) Phone: 703-222-4664, Internet: www.fairfaxcounty.gov/parks/parktakes.htm. A registration form must be completed and brought the first day. The form may be downloaded from the website.
5. **Weekly registration:** Beginning July 5, walk-in registration may be done at the Rec-PAC site ONLY on Mondays between 8:30 am and noon.
6. **Payment:** Check, money order or credit card only. No Cash accepted. Make checks payable to FCPA. To avoid confusion, we suggest you take advantage of the pre-registration period or pay for several weeks at one time.
7. **Refunds:** Requests received prior to the start of a Rec-PAC session can be processed by phone, mail or fax. Once a session begins, refunds will be given only for medical emergencies with a doctor's certification. Absences and personal scheduling conflicts are not reimbursable.

Section 1 - Rec-PAC Policies and Procedures

- ✓ **Participation:** Parents may choose to allow their children to participate the entire day or any portion of the day, the coming and going of participants are the responsibility of the parents. Should a child leave the center for any reason, he/she will no longer be the responsibility of FCPA. Working parents must have alternative transportation arrangements in case of emergency, illness, or disciplinary actions. Children must arrive and leave the premises in accordance with the established hours (8:30am-3:30pm or 11:30am-6:30pm.) Parents arriving late to pick up children will be charged \$5 for every 15 minutes the child is left at the center.
- ✓ **Behavioral Issues:** If the actions of a participant cause injury to other participants or staff, FCPA reserves the right to deny his/her continuation in the program. If property is destroyed or damaged, parents or guardians may be required to pay for repairs. Parents and children must sign the "Rules of Conduct" before a child may enter the program. All participants enrolled must be able to demonstrate the following with minimal redirection: (1) participant must be able to maintain personal care without the support of FCPA staff/volunteers, (2) participant must be able to stay with his/her assigned group, and (3) participant must respect others and maintain self control at all times (keep hands/feet to self, anger management, follow directions, use appropriate language).
- ✓ **Medical Emergency:** In the event of an emergency, the FCPA employees have permission (in the event I cannot be reached) at my expense to contact our family physician and/or utilize the most convenient rescue services to transport my child to the nearest hospital.
- ✓ **Liability:** On behalf of my child, I recognize the risks inherent to participation in recreational activities and agree to hold harmless the FCPA, its officers and employees/volunteers from any and all claims from bodily injury and/or property damage which result from my child's participation in all activities sponsored by the said department.
- ✓ **Photo Release:** I understand enrollment grants permission for the use of activity photographs of my child and without limitation, for use of such pictures and/or stories in connection with FCPA purposes.
- ✓ **Permission:** I hereby grant permission for my child to participate in all activities, programs, special events, and walking/bus trips, including swimming, sponsored by FCPA Rec-PAC.

See required signature line in section 3 (reverse side)

Tax Receipts are obtained at your RecPAC location.
Requests must be received by August 10, 2005

Section 2—Participant Information (please use a separate form for each child)

Please print and complete each line carefully:

Child's Name _____ **Birth Date** ____/____/____ **Sex** _____ **Grade (in fall)** _____
Last Name / First Name
Member # (See Parktakes Mailing Label) _____ **Parent/Guardian Name** _____
Last Name / First Name
Street Address _____ **Apt.#** _____ **City** _____ **State** _____ **Zip** _____
Home Phone _____ **Work Phone** _____

Emergency Contacts- REQUIRED (other than above home and work numbers):

(1) Name _____ Phone _____ (2) Name _____ Phone _____

Rec-PAC Location _____ **Week(s):** 1 ☐ 7/5-7/8 2 ☐ 7/11-7/15 3 ☐ 7/18-7/22 4 ☐ 7/25-7/29 5 ☐ 8/1-8/5 6 ☐ 8/8-8/11

Child will be: _____ walking _____ biking _____ transported to the program Is your child attending summer school? Yes ☐ No ☐

Allergies: ☐ bee stings ☐ insect bites ☐ foods ☐ Other explain: _____
What should be done if your child comes in contact with an allergen? _____
Please tell us if your child has any health problems we should know about: _____

Does your child take medication? ☐ Yes ☐ No Medication: Name/Type _____ For _____
Restrictions _____ Physician _____ Phone _____



If accommodation or alternative formats are needed, please call 703-324-8563 at least 10 working days before registration deadline or event. For TTY, call 703-803-3354. ☐ Check here if you will need assistance.

Section 3- Fees and Payments

Early Registration May 3 - June 17 (Save \$10 per week per child)

Sliding fee scale based on family's total annual income.

1. Find your family's total annual income range in the left hand column and place an "X" in the box.
2. Look to the right for the week(s) that your child will attend and place an "X" in the box/boxes.
3. Continue to the right for the appropriate registration fee and place an "X" in appropriate box. Calculate the total fee. Payment must be included with registration. Checks or money orders payable to FCPA. Visa/Mastercard payments accepted. CASH IS NOT ACCEPTED.

Income	Week	Base fee per week
<input type="checkbox"/> \$75,000 or higher (Phone, Mail or Fax registration)	Week #2 <input type="checkbox"/> 6 <input type="checkbox"/> Week #1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All 6 Weeks <input type="checkbox"/>	\$80.00 <input type="checkbox"/> \$85.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/>
<input type="checkbox"/> \$40,000-\$74,999 (Mail or Fax only)	Week #2 <input type="checkbox"/> 6 <input type="checkbox"/> Week #1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All 6 Weeks <input type="checkbox"/>	\$70.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> \$440.00 <input type="checkbox"/>
<input type="checkbox"/> \$28,000-\$39,999 (Mail or Fax only)	Week #2 <input type="checkbox"/> 6 <input type="checkbox"/> Week #1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All 6 Weeks <input type="checkbox"/>	\$50.00 <input type="checkbox"/> \$55.00 <input type="checkbox"/> \$320.00 <input type="checkbox"/>
<input type="checkbox"/> \$27,999 or lower (Mail or Fax only)	Week #2 <input type="checkbox"/> 6 <input type="checkbox"/> Week #1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All 6 Weeks <input type="checkbox"/>	\$20.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$140.00 <input type="checkbox"/>

YOU CAN "CLIC" FOR THOSE IN NEED

"CLIC" - Camp For Low Income Children is a scholarship program that last year served low income families who met eligibility guidelines. With your support, we can do more to ensure that every child has access to an enriched recreation experience. Donations are tax deductible.

RecPAC AMOUNT \$ _____ **"CLIC" DONATION \$** _____ **TOTAL AMOUNT PAID \$** _____

Payment: ☐ Check (ck # _____) ☐ Money Order (MO # _____) ☐ Scholarship (for application, call 703-324-5514)

☐ Credit Card (Visa ☐ MC ☐) Print Name on Card _____

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

Credit Card Signature _____

I certify that I have read and understand all policies and procedures as outlined in Section 1.

Signature of Parent/Guardian _____ Date _____

Signature required to process registration